

Form 95 DVP (1-77) page 2

DATE	NOTES
3/14/05	no injury noted, no foot.
03/16/05	Had a neurography appointment today. Uncooperative, study not done.
03/18/05	Usual gait pattern - high stepping gait, left foot drop. No other abnormalities.
3/21/05	C.N. exam. pulse 70 bpm (1)
CNS) no VVS) no	Skeletal survey started 2/21/05 (3) done
03/22/05	Throat: left upper eye lid temporal aspect. Cleaned with H <sub>2</sub> O. Bathroom apartment. Feet inspected, onychomycosis - nails destroyed by podiatrist. Per flexion bilaterally. No other lesions. Knee joint inspected bilaterally. No swelling, tenderness. Good ROM - external, internal, rotation bilaterally hips.
03/23/05	9% Cold symptoms, nasal discharge, cough. Apathetic to touch. Active, in usual mental status. Throat: oropharyngeal redundancy.
3/27/05	lungs: clear to auscult. All VRI - vocal. Inspected extra pleural. No was seen. No chest X-ray done.


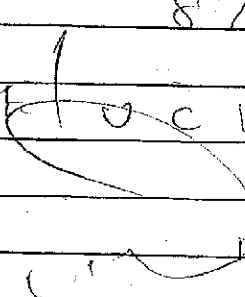
Form 95 DVP (1-77)		INSTRUCTIONS	
New York State Department of Mental Hygiene		<ul style="list-style-type: none"> <li>Record information below as indicated by the client's behavior, condition or functioning that is felt to be of such significance that the entire treatment team should be informed.</li> <li>Summarize the results of each Interdisciplinary Treatment Team Conference below.</li> <li>For additional information on Treatment Team Reviews refer to Form 80 DVP, "Treatment Team Review."</li> </ul>	
INTERDISCIPLINARY TREATMENT TEAM NOTES			
Client's Name (First)	(M.I.)	(Last)	Consecutive No.
Valeri		Young	

DATE	NOTES
03/28/07	<p>9<sup>15</sup> a. Consumer reported with productive cough - greenish phlegm. Able to touch nose in any distress. Consumed breakfast.</p> <p>BP 116/77, HR 80/min RR 16/min</p> <p>of conjunctival injection</p> <p>nose: of discharge.</p> <p>throat: inflamed, of exudates</p> <p>neck: supple, of lymph nodes enlarged, palpable</p> <p>lungs: clear to auscult</p> <p>CVS: R/L for audible</p> <p>abdomen: protuberant but soft of guarding</p> <p>extremities: of edema, purpuric marks.</p> <p>H/P: URI, constipation</p> <p>Z-track Tylenol, extra fluid</p> <p>Temperature checked. Fleet enema</p> <p>neuro eval for Lt foot drop - dragging.</p>
03/29/07	<p>9<sup>30</sup> a. Able, alert, active.</p> <p>URI resolving To continue amoxicillin</p>

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DATE	NOTES										
03/30/05	Labs 03/23/05										
	CBC SMA										
	<table border="1"> <tr> <td>5.48</td> <td>12.5</td> <td>138</td> <td>106</td> <td>78</td> </tr> <tr> <td></td> <td>37.0</td> <td>4.4</td> <td>29</td> <td>19/0.9</td> </tr> </table>	5.48	12.5	138	106	78		37.0	4.4	29	19/0.9
5.48	12.5	138	106	78							
	37.0	4.4	29	19/0.9							
	Cholesterol 143 TSH 1.43										
	Triglyceride 53 Tegretol 8.0										
	HbC 6.7										
4/3/05	h/m hands 17										
	normal										
04/04/05	Seen in eye clinic on 04/01/05. Early cataract. RTC 6 months										
04/07/05	92 Superficial laceration left upper eye lid cleansed aseptically. Steri strips applied.										
04/07/05	92 Abrasion left upper eyelid. Cleansed aseptically.										
04/11/05	Same exam continues both ears, dysfunction uncooperative for irrigation risk of TM perforation. To give Debrox otc drops										

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INTERDISCIPLINARY TREATMENT TEAM NOTES			
Client's Name (First)	(M.I.)	(Last)	Consecutive No.
Valeri	Young		

DATE	NOTES
04/15/05	<p>3<sup>10</sup> am. Consumer fell earlier today, during shower and sustained laceration about 2.5 cm long. Hemostasis achieved. First <sup>sub</sup>cutaneous suture edges approximated with 3-0 Gutt. x3 suture. Then wound closed with 3-0 Nylon x4. Prior to that wound infiltrated with 2% lidocaine.</p> <p>Sedation from psychotropic meds i.e. Zyprexa may have contributed to fall. To V Zyprexa by 5mg in am.</p> <p>Neuro eval DR CAPATI 04/07/05 noted.</p> <p>4 foot drop, high steppage gait.</p> <p>Recommended: Vit B complex.</p> <p>To refer for PT.</p> <p>Also to consider EMG nerve conduction studies.</p>
4/17/05	<p>4 hrs. Intentional (L) </p> <p>11 am. effe from - e Swelling</p> <p>re Angiogram</p> <p>8.75m hnd</p> <p>25 clams</p> <p>For e wing m n</p> <p></p>
04/20/05	<p>ITT meeting held re Delirium psychomotor attended. Discussed frequent falls and injury to be eyelid-lashed. V Zyprexa to 10mg in am and then</p>

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	if needed to say in am because of sedation noted in morning hours. To schedule EMG study OT to fast provide "hals" helmet To utilize wheelchair for transportation PT evaluation for AFO - for L foot drop.
04/25/05	↓ Inflammation, ↓ upper eyelid removed ↓ swelling subsiding
04/27/05	Seen by neurologist DR. PANDIA Permanent mononeuropathy. Advised splint PT & OT EMG not possible in office setting - requires great deal of cooperation with needles that need to be inserted in muscles Possibility is EMG under sedation in hospital setting. - for documentation purposes only. Will obtain ANA, dsDNA, ESR.
05/02/05	↓ Zyprexa 5mg Qam - 2am & HS PO to minimize eliminate daytime sedation.
5/4/05	Seen for Diarrhea x 3. w/ny. Tachy Afebrile. Tender, mildly distended abdomen Tympanic. P. K opettude 30 cc now, increase P.O fluids x 24hrs, NPO x 24hrs. ? gastroenteritis. + follow up.

4:00 PM

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INTERDISCIPLINARY TREATMENT TEAM NOTES			
Client's Name (First)	(M.I.)	(Last)	Consecutive No.
Verlin	Young		

DATE	NOTES												
5/7/05	all subs lower part leg 3.0mm Bunch on hand & elbow 1 in 9 mm												
05/11/05	X-ray of LS spine refert noted degenerative changes at L4-L5. Seen by podiatrist Onychomycosis, Tinea Pedis. Nails debrided Extremities between toes P/w 07/13/05												
05/18/05	Lab 05/07/05 CBE <table border="1"> <tr> <td>3.64</td> <td>11.5</td> <td>179</td> <td>142</td> <td>105</td> <td>72</td> </tr> <tr> <td></td> <td>31.7</td> <td></td> <td>26</td> <td>27</td> <td>20/0.9</td> </tr> </table> Tegal 72 ANA negative C <sub>3</sub> , C <sub>4</sub> norm anti DNA neg Tr repeat by 11/05	3.64	11.5	179	142	105	72		31.7		26	27	20/0.9
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	31.7		26	27	20/0.9								

(Use reverse side for continuation)



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05/20/05	Consumer sustained laceration on posterior scalp about 2 inches long. Area irrigated with H <sub>2</sub> O, shaved with, infiltrated with lidocaine 1%. and sutured with 30 gut x 4 Hemostats achieved. Bacitracin ointment applied. To give Reflex 500mg Q6h PO x 5 days.
05/26/05	EMG study under sedation scheduled for 06/30/05 at <sup>1</sup> Dominate Hosp (DR MACOSI)
05/26/05	32 Bilateral pretibial pitting edema <sup>2</sup> & also bilateral foot pitting edema <sup>1</sup> . No calf swelling & discoloration of tendons. No reaction on Hamman's test. <sup>1</sup> with pretibial/foot pitting edema problem in the past also. Known insufficiency of analgesic (sitting in wheelchair) To continue with leg elevation.
05/26/05	32 No new injury marks
05/26/05	EKG 05/20/05 patch <sup>2</sup> Reversal of arm lead.
6/19/05	To repeat B-3 Responded immediately to B-3 500mg Cele Blue wing 314 It was lifting in the bath only was feeble at B-3 11/05 02 51 rim 12 saturday

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<p>Client's Name (First) (M.I.) (Last)</p> <p>Valerie Yarn</p>		<p>Consecutive No.</p>	

DATE: 6/19/05  
NOTES: Pt was screaming  
BDC  
O2 was given 4/ times  
+ IV was started @ 0900.  
EMS arrived at 9:45 AM  
Pt was put on the monitor  
cardiac brachycardia was  
given 1mg IV atropine  
- then pulse was present  
also was intubated by EMS  
left in critical condition at  
9:05 AM  
Mother was informed  
Issa Madhoun, MD

(Use reverse side for continuation)